

N 20000006252

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

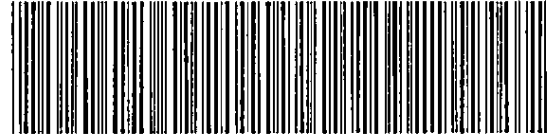
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

YS  
7/22/20

✓

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 361213 7995236  
AUTHORIZATION : *Lyndee Coleman*  
COST LIMIT : \$ 125.00

ORDER DATE : July 20, 2020  
ORDER TIME : 10:47 AM  
ORDER NO. : 361213-005  
CUSTOMER NO: 7995236

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: PULTE REALTY OF WEST FLORIDA,  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pulte Realty of West Florida, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Todd N. Sheldon

Name of Person

Pulte Homes

Firm/Company

3350 Peachtree Rd. NE Suite 150

Address

Atlanta, GA 30326

City/State and Zip Code

CorporateRecords@pultegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Todd N. Sheldon

404

464-9530

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Pulte Realty of West Florida, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 85-1311200  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

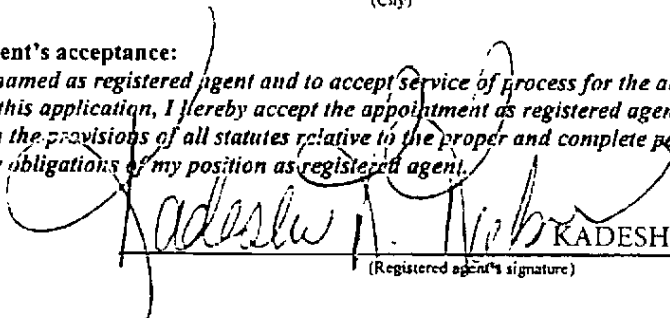
5. 2662 South Falkenburg Road 6. 2662 South Falkenburg Road  
(Street Address of Principal Office) (Mailing Address)  
Riverview, Florida 33578 Riverview, Florida 33578

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



KADESHA ROBERSON, ASST. VICE PRESIDENT

(Registered agent's signature)

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Todd N. Sheldon

☐ Member Address: 3350 Peachtree Rd. NE

☒ Authorized Suite 150

Person Atlanta, GA 30326

☒ Other President ☐ Other

☐ Manager Name: Ellen Padesky Maturen

☐ Member Address: 3350 Peachtree Rd. NE

☒ Authorized Suite 150

Person Atlanta, GA 30326

☒ Other Secretary ☐ Other

☐ Manager Name: Scott Daniel Himelhoch

☐ Member Address: 2662 South Falkenburg Road

☒ Authorized Riverview, Florida 33578

Person

☒ Other Assistant Secretary ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: D. Bryce Langen

☐ Member Address: 3350 Peachtree Rd. NE

☒ Authorized Suite 150

Person

☒ Other Vice President ☐ Other Treasurer

☐ Manager Name: Kimberly M. Hill

☐ Member Address: 3350 Peachtree Rd. NE

☒ Authorized Suite 150

Person Atlanta, GA 30326

☒ Other Vice President ☐ Other

☐ Manager Name: Scott Michael Clements

☐ Member Address: 2301 Lucien Way, Suite 155

☒ Authorized Maitland, Florida 32751

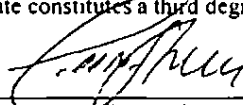
Person

☒ Other Assistant Secretary ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Todd N. Sheldon, Manager and President

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PULTE REALTY OF WEST FLORIDA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PULTE REALTY OF WEST FLORIDA, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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JEFFREY W. BULLOCK, SECRETARY OF STATE  
DELAWARE



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SR# 20206316644

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 203314745

Date: 07-20-20